

# SENATE RECORD VOTE ANALYSIS

104th Congress  
2nd Session

Vote No. 39

March 19, 1996, 3:08 p.m.  
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## OMNIBUS APPROPRIATIONS/Abortion & Medical Licensing-Accreditation

**SUBJECT:**        **Balanced Budget Downpayment Act, II . . . H.R. 3019. Coats modified amendment No. 3513 to the Hatfield modified substitute amendment No. 3466.**

### ACTION: AMENDMENT AGREED TO, 63-37

**SYNOPSIS:**        As introduced, H.R. 3019, the Balanced Budget Downpayment Act, II, will make rescissions and will provide appropriations for fiscal year 1996 for the five regular appropriations bills that have not yet been signed into law (three of those bills have been vetoed, one has been stalled by a Senate Democratic filibuster on its conference report, and one has been stalled by a Senate Democratic filibuster against even beginning its consideration).

The Hatfield modified substitute amendment contains the text of S. 1594, as reported, which is the Senate's version of the bill. The amendment would increase spending by \$1.2 billion over the House-passed amount, and would create a \$4.8 billion contingency fund to accommodate part of the additional \$8 billion in spending requested by President Clinton (funds would not be released until a budget agreement between the President and Congress was enacted; President Clinton did not ask for or identify any means of paying for his increased spending proposals). As amended, the contingency fund was reduced (see vote Nos. 27 and 37).

**The Coats amendment** would forbid discrimination by the Federal Government against any health care entity that refused to be involved in certain abortion-related activities. Further, if an accrediting agency denied a postgraduate physician training program accreditation due to its failure to be involved in one or more of those abortion-related activities, and if it would have granted accreditation but for that failure, the Federal Government would deem that program to be accredited for the purpose of licensing, certifying, or otherwise granting legal status to that program, and for the purpose of providing financial assistance or other benefits. These provisions barring discrimination and deeming accreditation would also apply to State and local governments that received financial assistance from the Federal Government for health-related activities. The "term health care entity" would encompass individuals, institutions, and programs, including individual physicians, postgraduate physician training programs, and programs of training in the health professions. Health care entities would not be discriminated against for refusing the following: to undergo training in the performance of induced abortions; to require such training; to provide such training; to perform such abortions; to

(See other side)

YEAS (63)			NAYS (37)			NOT VOTING (0)	
Republicans (51 or 96%)		Democrats (12 or 26%)	Republicans (2 or 4%)		Democrats (35 or 74%)	Republicans (0)	Democrats (0)
Abraham	Helms	Biden	Chafee	Akaka	Kerrey		
Ashcroft	Hutchison	Breaux	Specter	Baucus	Kerry		
Bennett	Inhofe	Bryan		Bingaman	Kohl		
Bond	Jeffords	Conrad		Boxer	Lautenberg		
Brown	Kassebaum	Dorgan		Bradley	Levin		
Burns	Kempthorne	Ford		Bumpers	Lieberman		
Campbell	Kyl	Graham		Byrd	Mikulski		
Coats	Lott	Heflin		Daschle	Moseley-Braun		
Cochran	Lugar	Johnston		Dodd	Murray		
Cohen	Mack	Leahy		Exon	Pell		
Coverdell	McCain	Moynihan		Feingold	Pryor		
Craig	McConnell	Nunn		Feinstein	Reid		
D'Amato	Murkowski			Glenn	Robb		
DeWine	Nickles			Harkin	Rockefeller		
Dole	Pressler			Hollings	Sarbanes		
Domenici	Roth			Inouye	Simon		
Faircloth	Santorum			Kennedy	Wellstone		
Frist	Shelby				Wyden		
Gorton	Simpson						
Gramm	Smith						
Grams	Snowe						
Grassley	Stevens						
Gregg	Thomas						
Hatch	Thompson						
Hatfield	Thurmond						
	Warner						

#### EXPLANATION OF ABSENCE:

1—Official Business  
2—Necessarily Absent  
3—Illness  
4—Other

#### SYMBOLS:

AY—Announced Yea  
AN—Announced Nay  
PY—Paired Yea  
PN—Paired Nay

provide referrals for such training or such abortions; or to make arrangements for any of the above-listed activities. Further, no discrimination would be allowed against any individual for attending a health care training program that did not provide one or more of the above-listed abortion-related activities. Nothing in this amendment would prevent a government or accrediting agency from establishing standards of medical competency for those individuals who voluntarily elected to perform abortions.

**Those favoring** the amendment contended:

The Federal Government and 43 States have in place statutes to protect individual residents and hospitals from having to perform on a mandatory basis, or having to train on a mandatory basis, for the performance of induced abortions. These statutes generally apply regardless of the reason for refusing to perform abortions or abortion training. A recent action by the Accrediting Council on Graduate Medical Education (ACGME) has threatened to make these laws meaningless. That action was to announce that from now on any hospitals or training programs that refused to provide training for induced abortions could lose their accreditation. The reason this action threatens all the existing laws that protect institutions from being forced to perform abortions is that a great deal of funding is tied to accreditation by the ACGME. As matters currently stand, institutions soon may be forced to either provide abortion training or lose a huge portion of their funds; in effect, they will have to choose between providing abortion training or bankruptcy.

The Coats amendment would fix this problem in a balanced manner. The ACGME, as a private, though quasi-public, institution, should be allowed to make its accrediting decisions without Government interference. At the same time, however, the Government should not have its laws effectively overturned by the ACGME. As a matter of public policy, the Federal Government and the vast majority of the States have already decided that hospitals should not be forced to provide abortion training. It does not make any sense to say that hospitals do not have to provide abortion training, but that if they do not, they will be denied the funds that they need to stay in business. Therefore, the Coats amendment would leave the ACGME decision intact, but would continue to treat as accredited any institution that lost its accreditation because it did not provide abortion training. Losing ACGME accreditation over abortion would not result in a loss of Federal funds.

Statutes have been enacted protecting the right of hospitals not to provide abortion training out of recognition of the extremely controversial nature of the subject. Many institutions have religious or moral objections to abortion; other institutions have practical or economic objections. When the ACGME made its decision earlier this year, it said that it would make an exception for institutions that had religious or moral objections to abortions. This exception is too narrow. Religious hospitals would be protected, but nothing would be done to protect the rights of faculty, students, and residents at secular or public institutions. As a fundamental civil right we do not believe anyone or any institution should be forced into providing abortions or abortion training. We held hearings on this matter, and the testimony we heard from the University of Texas Medical Branch at Galveston, the Mount Sinai Hospital, the Albany Medical Center in New York, and countless other medical institutions was that this exception was far too narrow. The experience of one institution, which described how providing abortion services had proven to be such a divisive issue among the faculty that it stopped providing abortion training, is typical. Most of the faculty in that institution refused to perform abortions, and those who did ended up with a much greater workload, causing even greater tension around this issue. An institution does not need to be religious to want to avoid the tremendous controversy that surrounds abortion, and it should not have to be religious before it is allowed to decide, voluntarily, that it will not provide abortion training.

Nothing in the Coats amendment would prohibit any institution or any individual from providing abortion training. All the amendment would do is remove the Federal Government from efforts to force institutions into providing such training. We urge our colleagues to pass this amendment overwhelmingly.

**Those opposing** the amendment contended:

The recent ACGME decision on abortion training is a medical decision with which the Federal Government should not interfere. If abortions are constitutional and legal, they should be safe, and in order to be safe, medical training must be available. Consequently, the ACGME has decided that obstetrician/gynecology accreditation should be based on the provision of training in this field. It has created a conscience clause exemption for those institutions that have a moral or religious basis for opposing abortion, but otherwise, as a medical matter, it has decided that abortion training must be provided. Without this requirement, hospitals will be under increasing pressure from anti-choice elements to stop providing abortion training. If they are required to provide that training, pressure will be useless, and the right of women to procure safe, legal abortions will remain secure. Senators should not substitute their medical judgment for the judgment of the medical professionals at the ACGME. Senators should join us in defeating the Coats amendment.